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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Prairie Political Action Committee P.O. Box 2002 ADDRESS (number and street) (Check if address is changed) Springfield 62705 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS annied1408@sbcglobal.net (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 03 2017 C00347195 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Dougherty, Anne, M., , Type or Print Name of Treasurer Dougherty, Anne, M.,, [Electronically Filed] 04 03 2017 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	FEC For	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Car	ndidate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complinformation below.)	ete the candidate
Nam Can	e of didate		
	didate y Affiliatio	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Com	nmittee:	
(d)		, ,	emocratic, epublican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate segrecommittee. (i.e., nonconnected committee)	regated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	ıt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Comi	mittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.	FEC ID number C	
	4.		

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Write or Type Committee Name		. 250
Prairie Political	Action Committee	
	Organization, Affiliated Committee, Joint Fundraising Representative	ve, or Leadership PAC Sponsor
Durbin, Richard, J., ,	3 ,	,
	<u> </u>	
Mailing Address	P.O. Box 1949	
	Springfield IL	62705
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Represen	ntative x Leadership PAC Sponso
. Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the	e person in possession of committee
Dougherty Full Name	, Anne, M, ,	
Mailing Address	1408 Dial Ct.	
Ü		
	Springfield	62704
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	217 787 7476
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committeessistant treasurer).	ee; and the name and address of
Full Name Dougherty, of Treasurer	Anne, M., ,	
Mailing Address	1408 Dial Ct.	
	Springfield IL	62704
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	217

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Full Name of Designated		
Agent		
Mailing Address	s <u> </u>	
	CITY STATE	ZIP CODE
Title or Position	ı	
	Telephone number	
safety deposit	er Depositories: List all banks or other depositories in which the committee deposits funds, hol boxes or maintains funds. Depository, etc.	
safety deposit	boxes or maintains funds. Depository, etc. Chase Bank 6th and Washington	
safety deposit Name of Bank,	boxes or maintains funds. Depository, etc. Chase Bank 6th and Washington	
safety deposit Name of Bank,	boxes or maintains funds. Depository, etc. Chase Bank 6th and Washington	
safety deposit Name of Bank,	boxes or maintains funds. Depository, etc. Chase Bank 6th and Washington	ZIP CODE
safety deposit Name of Bank, Mailing Addres	boxes or maintains funds. Depository, etc. Chase Bank 6th and Washington Springfield IL 62701	
safety deposit Name of Bank, Mailing Addres	boxes or maintains funds. Depository, etc. Chase Bank 6th and Washington Springfield CITY STATE Amalgamated Bank	
safety deposit Name of Bank, Mailing Addres	boxes or maintains funds. Depository, etc. Chase Bank 6th and Washington Springfield CITY STATE Amalgamated Bank 1825 K St. NW	
safety deposit Name of Bank, Mailing Addres Name of Bank,	boxes or maintains funds. Depository, etc. Chase Bank 6th and Washington Springfield CITY STATE Amalgamated Bank 1825 K St. NW	

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor **Durbin Victory Fund** P.O. Box 1949 Mailing Address Springfield IL 62705 **CITY** STATE 4 ZIP CODE Relationship: X Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number